

# EXHIBIT B

Declaration of Omar Gonzalez-Pagan in support of  
Motion to Exclude Expert Testimony of Dr. Paul R. McHugh  
*Kadel v. Folwell*, No. 1:19-cv-00272-LCB-LPA (M.D.N.C.)

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

MAXWELL KADEL, et al. )  
)  
Plaintiffs ) Case No.:P  
)  
vs. ) 1:19-CV-00272-LCB-LPA  
)  
DALE FOLWELL, et al. )  
)  
Defendants )

FRIDAY, OCTOBER 29, 2021

VOLUME 2

Continued remote videotaped deposition of PAUL R.  
McHUGH, M.D., was taken on Friday, October, 29, 2021,  
commencing at 9:46 a.m., before Rebecca L. Schnur,  
Notary Public

Reported By: Rebecca L. Schnur

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(Exhibits attached to transcript.)

1           Q.    Is there a particular calculation that you do  
2   to define what a reasonable degree is?

3           MR. KNEPPER:  Objection.  Form.

4           A.    I do, on the foundations of an opinion.  
5   There are sources in science that -- applications, when  
6   reported, and the degree of confidence in which people  
7   are proceeding.

8           Q.    Okay.  Is there a specific degree of  
9   certainty here, like 95 percent confidence, like -- or  
10  something like that?

11          A.    No.  I don't -- I don't suppose there is,  
12  especially in a contested opinion.

13          Q.    Is there an error rate for what is a  
14  reasonable degree of medical certainty?

15          MR. KNEPPER:  Objection to form.

16          A.    In this area, there isn't.  Yeah.

17          Q.    If we can turn to page 14 of this document --

18          A.    Sure.  Yes.

19          Q.    -- and in the second-to-last paragraph  
20  here --

21          A.    Yeah.  Yes.  14.

22          Q.    -- sorry, third-to-last paragraph, do you see  
23  that, where it says -- you state, as one of the  
24  summaries you're repeating is that, quote, "Affirmation  
25  ('transgender transitioning') medical treatments -

1 hormones and surgery - for gender dysphoria and  
2 'transitioning' remain unproven and thus not been  
3 accepted by the relevant scientific communities  
4 (biology, genetics, neonatology, medicine, psychiatry,  
5 psychology, et cetera.)"

6 A. Yes.

7 Q. Did I read that correctly?

8 A. You did, sir.

9 Q. Okay. What is the relevant scientific  
10 community to which you refer when you state that  
11 gender-affirming medical treatments have not been  
12 accepted by the relevant scientific medical  
13 communities?

14 A. It's just the plain ordinary medical  
15 community of practitioners, especially practitioners at  
16 the forefront of this matter.

17 MR. GONZALEZ-PAGAN: And, Lauren, we can stop  
18 the screen scare.

19 Q. Mr. McHugh, are you familiar with the  
20 National Academy for Medicine, formerly known as  
21 Institute of Medicine?

22 A. I'm a member.

23 Q. You're a member.

24 Would you consider that to be part of the  
25 relevant scientific community?



1           A.     It is an organization that is a contemporary  
2     scientific and medical community. And I don't -- I'm  
3     not sure that their opinion, really, on these matters  
4     are ones that I would always accept, no.

5           Yes. So it's a complicated thing. I think  
6     it's a relevant community, but not a commanding  
7     community.

8           Q.     Okay. Are you familiar with the National  
9     Academy for Science?

10          A.     Yes.

11          Q.     Okay. And would your opinion be the same,  
12     that it is a relevant community?

13          A.     Yes.

14                 MR. GONZALEZ-PAGAN: This is a large PDF, but  
15     I'm introducing what's been marked as Exhibit 15,  
16     continuing the enumeration from the beginning of  
17     the deposition on September 8.

18                 Lauren, if you can screen share Exhibit 15.

19                 (Whereupon, Deposition Exhibit 15 was marked  
20     for identification.)

21                 MR. GONZALEZ-PAGAN: We can turn to page 2 of  
22     that exhibit.

23                 THE WITNESS: Yes.

24     BY MR. GONZALEZ-PAGAN:

25                 Q.     Dr. McHugh, I'm showing you what's been

1       titled -- what is titled, "Understanding the Well-Being  
2       of LGBTQI-plus Populations." And it appears to be a  
3       consensus study report of the National Academies of  
4       Sciences, Engineering and Medicine.

5               Do you see that?

6       A.    I do, sir.

7               MR. GONZALEZ-PAGAN: Okay. If we go on to  
8       the next page -- and I'll note for the record that  
9       this exhibit contains some highlighting that is  
10      not part of the original, that has been done by  
11      me. There are no other alterations to the  
12      document.

13              Actually, if we go to what would be page 5 of  
14      the PDF -- and we can zoom in there a little  
15      bit -- the prior page.

16   BY MR. GONZALEZ-PAGAN:

17              Q.    Dr. McHugh, it states, that a "Consensus  
18      study" report "published by the National Academies of  
19      Sciences, Engineering, and Medicine document the  
20      evidence-based consensus on the study's statement of  
21      task by an authoring committee of experts," that the  
22      "Reports typically include findings,  
23      conclusions...recommendations based on information  
24      gathered by the committee and the  
25      committee's deliberations. Each report has been

1       subjected to a rigorous and independent peer-review  
2       process and it represents the position of the National  
3       Academies on the statement of task."

4               Did I read that correctly?

5       A.     You did, sir.

6       Q.     So would you agree with me that it appears  
7       that this document, as a consensus study report, is  
8       both the official position of the National Academies  
9       and that it is a document that was subjected to an  
10      independent peer review?

11      A.     Yes.   That's what it says, yeah.

12             MR. GONZALEZ-PAGAN:   If we go to the page 311  
13      of the PDF, Lauren.   It's page 12-10 of the  
14      document.

15             MR. KNEPPER:   Omar, one second.   I'm still  
16      having trouble pulling up the exhibit.

17             Do the other counsel have access to it  
18      through exhibit share?

19             MS. EVANS:   Yes, John.   Actually, what I'm  
20      sharing on the screen is from the marked exhibits  
21      folder.

22             MR. KNEPPER:   Yeah.   That's what I -- I was  
23      hoping you'd say that because I've just -- I've  
24      still got only 14.

25             MR. GONZALEZ-PAGAN:   So it's a different

1 folder for today, John.

2 MR. KNEPPER: Got it. Okay. I see what's  
3 going on here. Yep. Got it.

4 Okay. Thank you for your time. Yeah. Okay.  
5 Great. Thank you.

6 MR. GONZALEZ-PAGAN: We can zoom in on that a  
7 little bit more, Lauren.

8 BY MR. GONZALEZ-PAGAN:

9 Q. The consensus study report on this page,  
10 page 12-10 of the report, states, "Clinicians who  
11 provide gender-affirming psychosocial and medical  
12 services in the United States are informed by expert  
13 evidence-based guidelines. In 2012, the World  
14 Professional Association for Transgender Health (WPATH)  
15 published version 7 of the 'Standards of care for the  
16 Health of Transgender, Transsexual, and  
17 Gender-Nonconforming People,' which have been  
18 continuously maintained since 1979, and revisions for  
19 version 8 are currently underway (Coleman et al.,  
20 2012.) Two newer guidelines have also been published  
21 by the Endocrine Society (Hembree et al., 2017) and  
22 the Center of Excellence for Transgender Health (UCSF  
23 Transgender Care, 2016). Each set of guidelines is  
24 informed by the best available data and is intended to  
25 be flexible and holistic in application to individual

1 people. All of the guidelines recommend psychosocial  
2 support in tandem with physical interventions and  
3 suggest timing interventions to optimize an  
4 individual's ability to give informed consent. Mental  
5 and physical health problems need not be resolved  
6 before a person can begin a process of medical gender  
7 affirmation, but they should be managed sufficiently"  
8 so "that they do not interfere with treatment."

9 Did I read that correctly?

10 A. You did, sir.

11 Q. Will you agree that it is, then, the official  
12 position of the National Academies of Medicine,  
13 Science, and Engineering that the provision of  
14 gender-affirming psychosocial and medical services for  
15 the treatment of gender dysphoria is informed by expert  
16 evidence-based guidelines, including the WPATH  
17 standards of care?

18 A. Well, that's what it says.

19 MR. GONZALEZ-PAGAN: We can stop sharing this  
20 exhibit.

21 I'm introducing what's been marked as  
22 Exhibit 16.

23 (Whereupon, Deposition Exhibit 16 was marked  
24 for identification.)  
25

1 BY MR. GONZALEZ-PAGAN:

2 Q. Mr. McHugh, would you consider the American  
3 Psychiatric Association to be part of the relevant  
4 scientific community when it comes to these questions?

5 A. Do I consider them -- well, I consider  
6 them part -- yes, I consider them part of -- yes,  
7 they're part of the community, yes.

8 MR. GONZALEZ-PAGAN: We're showing you --  
9 Lauren, if we could screen share Exhibit 16.

10 Q. This is the position statement of the  
11 American Psychiatric Association on "Access to Care for  
12 Transgender and Gender Diverse Individuals."

13 Do you see that?

14 A. I do see it.

15 Q. Okay. Have you seen this document before?

16 A. Actually, I haven't, no.

17 Q. Okay. Have you seen the National Academies  
18 report before?

19 A. No, I hadn't.

20 Q. And the National Academies report was  
21 published in 2020.

22 Is there any reason why you were -- didn't  
23 look to what the National Academies have said on this  
24 question?

25 A. I don't think I had any particular reason.

1 MR. GONZALEZ-PAGAN: On this document, if we  
2 could zoom in on the center of the issue.

3 MR. KNEPPER: Just to clarify, what's the  
4 date on this document, Omar?

5 Q. Sure. Dr. McHugh, do you see where it says  
6 it was approved by the board of trustees of the  
7 American Psychiatric Association in July of 2018?

8 A. Yes, I do, sir.

9 Q. And it was approved by the assembly May 2018.  
10 Is that right?

11 A. I do. Yes. Uh-huh.

12 Q. It states -- just below the issue, it states  
13 that, "Significant and longstanding medical and  
14 psychiatric literature exists that demonstrates clear  
15 benefits of medical and surgical interventions to  
16 assist gender diverse individuals seeking transition.  
17 However, private and public insurers often do not  
18 offer, or may specifically exclude, coverage for  
19 medically necessary treatments" of "gender transition.  
20 Access to medical care (both medical and surgical)  
21 positively impacts the mental health of transgender and  
22 gender diverse individuals."

23 Did I read that correctly?

24 A. Yes. I didn't follow you at first, but I  
25 think I'm following it now. Yes. I don't see that you

1 read it incorrectly, no.

2 Q. Okay. If we move a little bit further down  
3 on the document --

4 A. Yes.

5 Q. -- on position Number 3, it states that the  
6 American Psychiatric Association, "Opposes categorical  
7 exclusions of coverage for such medically necessary  
8 treatment when prescribed by a physician."

9 Did I read that correctly?

10 A. You did, yes.

11 Q. Okay. Were you aware of this position of the  
12 American Psychiatric Association?

13 A. I was.

14 Q. Is there any reason why you didn't disclose  
15 this when you were stating that the relevant scientific  
16 community does not accept this position?

17 A. No, other than my opinion that this did not  
18 rest on a solid science foundation. The references  
19 that they all have made and looked at are weak, a weak  
20 proof for the medical necessity in many of the -- at  
21 least the hormonal and surgical treatment of these  
22 patients, so I disagreed with them.

23 Q. I agree -- I understand that, Dr. McHugh. I  
24 guess my question is, because your opinion is that this  
25 view has not -- about the medical necessity of this



1 treatment, quote, has not been accepted by the relevant  
2 scientific communities -- and I've just shown you two  
3 examples of the National Academies and the American  
4 Psychiatric Association that appear to say to the  
5 contrary.

6 And I'm just curious why you didn't disclose  
7 that in your report.

8 A. Because I didn't agree with it, I suppose. I  
9 didn't agree that they had -- actually, in their  
10 opinions, every time I did look, I know it was  
11 discussing the foundations, like in the Anderson  
12 Society. They agree that the foundations were not  
13 strong. So I believe that these represented more  
14 advocacy groups in this area than true full scientific  
15 evaluations of the benefit of these processes to the  
16 patient. I held that opinion and I still hold it to  
17 this day.

18 Q. Would you agree that the American  
19 Psychological Association also is in agreement that  
20 this medical -- that this medical treatment and  
21 hormonal and surgical treatments are medically  
22 necessary and beneficial to the transgender population?

23 MR. KNEPPER: Objection.

24 A. Yes. I understand that. Yes.

25 Q. Will you agree that the American Medical

1 Association also supports the provision of medical  
2 treatment for the treatment of gender dysphoria?

3 MR. KNEPPER: Objection to foundation.

4 A. I realize that these organizations have made  
5 these statements. What I've said and what I still hold  
6 is that the foundations on which they hold these  
7 opinions, they, themselves, agree are somewhat shaky,  
8 when they look at them individually and at the data  
9 that they show, that these do not represent the kind of  
10 evidence on which they would ordinarily support a  
11 treatment.

12 They've done this before, in other  
13 conditions, such as the multiple personality disorder,  
14 so I've seen this kind of approach to vexed social  
15 question.

16 Q. I understand that, Mr. McHugh. I guess --

17 A. Right, Counsel. I'm sorry. I beg your  
18 pardon.

19 Q. No. No. It's okay. I appreciate it.

20 MR. GONZALEZ-PAGAN: If we can stop sharing  
21 this exhibit, Lauren.

22 Q. Dr. McHugh, you made mention, for example, of  
23 the Endocrine Society, which you noted have published  
24 guidelines that were graded and were peer-reviewed.

25 Do you recall that?

1           A.     Yes.

2                   MR. GONZALEZ-PAGAN:   Okay.   I am introducing  
3           what's been marked as Exhibit 17.

4                   (Whereupon, Deposition Exhibit 17 was marked  
5           for identification.)

6                   MR. GONZALEZ-PAGAN:   Lauren, if we could  
7           share it.

8                   If we can zoom in, at the top.

9   BY MR. GONZALEZ-PAGAN:

10           Q.     This appears to be a position statement on  
11           transgender health by the Endocrine Society and the  
12           Pediatric Endocrine Society.

13                   Do you see that?

14           A.     I do.

15           Q.     I believe this is the same Endocrine Society  
16           to which you referred to as having done a graded look  
17           at the evidence in support of their guidelines.  Is  
18           that right?

19           A.     Yes.

20           Q.     And if we go to the next page, at the bottom,  
21           at the very bottom, this appears to have been published  
22           in December 2020.

23                   Do you see that?

24           A.     I do, yes.

25           Q.     Just a little bit on top, the second bullet

1 point under "Positions" --

2 A. Okay. Yeah.

3 Q. -- it states, "Medical intervention for  
4 transgender youth and adults (including puberty  
5 suppression, hormone therapy and medically indicated  
6 surgery) is effective, relatively safe (when  
7 appropriately monitored), and has been established as  
8 the standard of care. Federal and private insurers  
9 should cover such interventions as prescribed by a  
10 physician as well as the appropriate medical screenings  
11 that are recommended for all body tissues that a person  
12 may have."

13 Do you see that?

14 A. I do.

15 Q. Okay. So it is the view of this  
16 organization, which you referenced to have done an  
17 assessment of the evidence, that these medical  
18 interventions are effective, relatively safe, and have  
19 been established as the standard of care.

20 Is that right?

21 A. That's what it says, yes.

22 Q. Would you consider your fellow medical  
23 professionals at Johns Hopkins to be part of the  
24 relevant scientific community with regards to this  
25 question?

1           A.     Some of them.

2           Q.     Do you recall that last time we discussed the  
3     Johns Hopkins Center for Transgender Health?

4           A.     I do, yes.

5                     MR. GONZALEZ-PAGAN:   Lauren, we can drop this  
6     exhibit.

7                     I'm introducing what's been marked as Exhibit  
8     18.

9                     And Lauren, if we could show it.

10                    (Whereupon, Deposition Exhibit 18 was marked  
11     for identification.)

12     BY MR. GONZALEZ-PAGAN:

13           Q.     This is a printout of the web page for -- the  
14     services and appointments page of the Center for  
15     Transgender Health at Johns Hopkins Medicine.

16                     Do you see that?

17           A.     I do.   I see it, sir.   Yes.

18           Q.     Okay.   And Johns Hopkins Medicine is where  
19     you are employed.   Is that correct?

20           A.     That is, yes.

21           Q.     Okay.   And as we discussed, they have a  
22     Center for Transgender Health?

23           A.     It does.

24           Q.     Okay.   That first paragraph states, "The  
25     Johns Hopkins Center for Transgender Health offers

1 comprehensive, evidence-based and affirming care for  
2 transgender youth and adults that is in line with the  
3 standards of care set by the World Professional  
4 Association for Transgender Health."

5 Did I read that correctly?

6 A. You did.

7 MR. GONZALEZ-PAGAN: All right. We can take  
8 the exhibit down.

9 Q. Mr. McHugh, are you aware who -- are you  
10 familiar with Dr. Kenneth Zucker?

11 A. Yes.

12 Q. Okay. Would you consider Dr. Zucker to be  
13 part of the relevant scientific community?

14 A. Yes.

15 Q. Are you aware that Dr. Zucker supports  
16 providing hormonal and surgical care for the treatment  
17 of gender dysphoria to a transgender person whose  
18 gender dysphoria persists into adolescence?

19 A. I'm aware of Dr. Zucker's position on this,  
20 which he believes, from case to case, is very  
21 complicated, and sometimes he says that he feels that  
22 he should support this kind of treatment.

23 And I have disagreed with him on those  
24 matters. And he and I -- I have great respect for him,  
25 but we are in contention a little bit about what should

1 be done for youth. Most of the time, Mr. Zucker --  
2 Dr. Zucker has recognized that most of these patients  
3 are not helped by -- are not benefited by these  
4 physical treatments.

5 Q. Well --

6 A. You can find plenty of evidence for that in  
7 his testimony, such that, ultimately, because of his  
8 position on these things, he was deprived of his  
9 position in Canada.

10 Q. And even then, he still provided this care  
11 for individuals whose gender dysphoria persisted into  
12 adolescence?

13 A. Yes, I gather he did, but very reluctantly, I  
14 believe, and not reluctantly enough, in my opinion.

15 I believe that these kinds of treatments  
16 should not be given to adolescents or anyone who is a  
17 minor.

18 Q. Just shifting gears, then, a little bit, last  
19 time, we briefly discussed some of your publications --

20 A. Yes.

21 Q. -- relating to the topic of gender dysphoria  
22 and transgender persons.

23 Do you recall that?

24 A. Yes, I do. I remember that very well,  
25 Counselor.

1 Q. And we established that two of those  
2 publications were the -- an article titled, "Sexuality  
3 and Gender Findings from the Biological, Psychological  
4 and Social Sciences," and the other, "Growing Pains,  
5 Problems with Puberty Suppression in Treating Gender  
6 Dysphoria."

7 Do you recall that?

8 A. I do, yes.

9 Q. Okay. Those two articles were published in  
10 "The New Atlantis." Is that right?

11 A. That's correct, sir. Yes.

12 Q. Okay. "The New Atlantis" is not a  
13 peer-reviewed journal. Is that right?

14 A. No, it wasn't. No.

15 Q. Is it a scientific journal?

16 A. No. It's an ordinary journal for the public.  
17 It's a public publication to inform the public about  
18 what the authors believe the scientific community has  
19 shown.

20 Q. Who published "The New Atlantis" at the time  
21 of the publication of these articles?

22 A. Who published it?

23 Q. Yes.

24 A. I don't know exactly who the publishers are.

25 Q. Are you familiar with the Center for -- the



1 Ethics and Public Policy Center?

2 A. Yes. I'm sorry. Yes. These are things that  
3 slip my mind. Yes, of course. And it was from that  
4 organization that this -- that "The New Atlantis" is  
5 one of its publications, yes.

6 Q. Are you aware that the Ethics and Public  
7 Policy Center represents itself as Washington, DC's  
8 premier institute dedicated to applying the  
9 Judeo-Christian moral tradition to critical issues of  
10 public policy?

11 A. Yes, I am. I'm aware of that, yes.

12 Q. Why did you decide to publish these articles  
13 in a journal published by an organization that was  
14 dedicated to applying Judeo-Christian moral traditions  
15 to critical issues of public policy?

16 A. It seemed an interesting organization and  
17 interesting publication to me.

18 Q. Is there any reason why you chose not to  
19 publish either of these articles in a peer-reviewed  
20 journal?

21 A. Because it's -- I didn't discover anything  
22 new. I wasn't describing anything new, which is what a  
23 peer-reviewed article is about.

24 This was my evaluation of what the  
25 peer-reviewed periodicals had shown. This is my

1 opinion of what peer-reviewed things -- it was not a  
2 new discovery. There were no new discoveries that were  
3 reported in that. It was an article of opinion, as you  
4 might find in "The Atlantic" or in "The New Republic"  
5 or in "The New Yorker."

6 Q. Thank you.

7 Were you aware of some of the criticisms of  
8 the "Sexuality and Transgender" article by medical and  
9 scientific professionals?

10 A. I'm very aware of it. None of them seem to  
11 attack any particular opinion by other evidence. Most  
12 of the attacks were that they didn't like my reading of  
13 the literature.

14 MR. GONZALEZ-PAGAN: I'm introducing what's  
15 been marked as Exhibit 19.

16 Lauren, if you could please share it on the  
17 screen.

18 (Whereupon, Deposition Exhibit 19 was marked  
19 for identification.)

20 BY MR. GONZALEZ-PAGAN:

21 Q. This is a letter dated March 22, 2017. It  
22 starts by saying, the "Sexuality and Gender" report  
23 published in "The New Atlantis" by you and Dr. Lawrence  
24 Mayer -- the first -- the first page contains  
25 the letter, and there are another 35 pages or so of

1       signatories.

2           A.     Yes.   Yes.   I'm aware of that, yes.

3           Q.     Yeah.   Are you familiar with this letter?

4           A.     I am.

5           Q.     In its last sentence, the letter states --

6                   MR. GONZALEZ-PAGAN:   And if we can zoom in,  
7       Lauren, that would be great.

8           Q.     -- "In summary, as researchers and clinicians  
9       with expertise in gender and sexuality, we affirm that  
10      the 'Sexuality and Gender' report does not represent"  
11      the "prevailing expert consensus opinion about sexual  
12      orientation or gender identity related research or  
13      clinical care."

14          A.     Yes.   Yes.

15          Q.     Were you aware of this critique?

16          A.     I was.   I was, very much so, yes.

17          Q.     Would you agree that the various doctors,  
18      researchers, and healthcare medical professionals that  
19      signed this letter are part of the relevant scientific  
20      community?

21                 MR. KNEPPER:   Object to form.

22          A.     They are, yes.   I suppose they are, yeah.

23                 I've always supposed that they were,  
24      demonstrating, of course, that -- how contended this  
25      field is.   Experts that disagree.

1 MR. GONZALEZ-PAGAN: Let's exit this share.

2 And I'm introducing what's been marked as  
3 Exhibit 20.

4 (Whereupon, Deposition Exhibit 20 was marked  
5 for identification.)

6 MR. GONZALEZ-PAGAN: Lauren, if you could  
7 please share as soon as it publishes.

8 BY MR. GONZALEZ-PAGAN:

9 Q. Mr. McHugh, were you aware of some colleagues  
10 at Johns Hopkins that criticized your publication of  
11 the "Sexuality and Gender" report?

12 A. I'm very aware of that, yes.

13 Q. Okay. I am showing you what is a printout of  
14 an op-ed in "The Baltimore Sun." It was by --

15 MR. GONZALEZ-PAGAN: If we can zoom in to the  
16 authors.

17 Q. -- Drs. Chris Beyrer, Robert Blum, and Tonia  
18 Poteat, who are -- who represent themselves to be  
19 faculty at Johns Hopkins.

20 A. Yes.

21 Q. It was published in September of 2016. And  
22 this printout was printed into PDF on -- if we can go  
23 to the top -- on September 7, of this year.

24 Were you aware of their critique by these  
25 faculty colleagues at Johns Hopkins?

1           A.     Yes.

2                     Were you, Counselor, aware of my response to  
3     this in another editorial that followed a couple of  
4     weeks later?

5           Q.     If we go to the second paragraph, it states,  
6     "As faculty at Johns Hopkins, a major educational,  
7     research and health institution, we are writing to  
8     express our concern about a recently published report  
9     that we believe mischaracterizes the current state of  
10    the science on sexuality and gender."

11          A.     Yes.

12          Q.     Were you aware that faculty colleagues at  
13    your institution thought that you were  
14    mischaracterizing the science in your report?

15          A.     Well, these ones did, yes.

16                     MR. GONZALEZ-PAGAN: We can exit the exhibit.

17          A.     As you can see, the first sentence of that  
18    article is -- demonstrates how lack of experts they  
19    are, in university life.

20          Q.     Are you familiar with Dean Hamer?

21          A.     Yes.

22          Q.     Dean Hamer is a geneticist. Is that right?

23          A.     Yes. A distinguished person, yes.

24          Q.     Are you aware that he criticized your  
25    "Sexuality and Gender" article?

1 A. I am.

2 Q. Would you consider Dean Hamer to be part of  
3 the relevant scientific community to which you refer to  
4 in your report?

5 A. He's certainly relevant.

6 Q. Would you consider Dr. Lawrence Mayer to be  
7 part of the relevant scientific community?

8 A. Yes. Yes.

9 Q. And Dr. Mayer was your coauthor in the  
10 "Sexuality and Gender" and "Growing Pains" articles.  
11 Is that right?

12 A. That's right. Yes.

13 Q. How did you come to work with Dr. Mayer on  
14 the "Sexuality and Gender" article?

15 A. Dr. Mayer was a member of my department of  
16 psychiatry and he is an expert statistician. And I  
17 very much appreciate his enterprise in understanding  
18 the statistics of complicated matters, and so I asked  
19 him if he would join with me in this. And he was  
20 pleased to do so.

21 Q. Were you aware that Dr. Mayer had been  
22 deposed in a court case involving a similar question  
23 with regards to this case, which had to do with  
24 coverage for gender-affirming care?

25 A. I'm aware that -- I'm aware that Dr. Mayer

1 Hopkins could give it, you know. And Johns Hopkins --

2 Q. If we turn to the next page --

3 A. Yeah.

4 Q. -- in the first full question and following  
5 answer, it states:

6 Question: You said that some of his views  
7 concern you or bother you. What views are those?

8 Answer: Well, I don't want to say what he  
9 thinks, but he's made statements that I would consider  
10 anti-gay, anti-transgender. And sometimes he has  
11 strong opinions, but he could influence people more if  
12 he wasn't so extreme. People told me he could use  
13 words like "gender pretender." Or he's made analogies  
14 to anorexia. And I don't think those are very helpful.  
15 I also think they can be mean-spirited, quite frankly.

16 Were you aware of this critique by Dr. Mayer  
17 about your views?

18 A. I'm aware of this critique by many people  
19 about my views.

20 I consider them wrong. I'm not  
21 anti-anything. I'm trying to work for the benefit of  
22 all patients.

23 And so they might be right that I could  
24 influence people if I wasn't so flat-footed about my  
25 opinion, but I believe that somebody in my position as

1 Which -- Question: Which is Paul McHugh's  
2 view?

3 Answer: Well, I don't know. He's made some  
4 extreme statements about tran -- I mean, I read a  
5 statement about gender pretenders or something like  
6 that, an analogy to -- to body dysmorphic disorder.  
7 And kind of -- I believe he might even have said that  
8 transgenders are mentally ill. Don't quote me on that,  
9 but I believe he has. I find that very bothersome.  
10 Very bothersome.

11 Were you aware of that critique by Dr. Mayer  
12 of your views?

13 A. No, I wasn't. He never expressed it to me,  
14 as he says.

15 Q. Do you believe that being transgender is  
16 against God's will?

17 A. Of course not.

18 MR. KNEPPER: Form.

19 Q. We previously looked at an article titled,  
20 "Surgical Sex," that you published in "First Things"  
21 in 2004.

22 Do you recall that?

23 A. I do. Yes.

24 Q. Who publishes "First Things"?

25 A. "First Things" is published by -- well, I



1 don't know the organization behind it. It's a -- it's  
2 a Christian organization, and it has a -- it has a  
3 Christian background.

4 MR. GONZALEZ-PAGAN: And Lauren, we can  
5 remove the exhibit from screen share.

6 BY MR. GONZALEZ-PAGAN:

7 Q. Are you familiar with the Institute on  
8 Religion and Public Life?

9 A. Yes, I am. I should know that.

10 Q. Is that the publisher of "First Things"?

11 A. That's right. Yes.

12 Q. And is "First Things" a peer-reviewed  
13 journal?

14 A. No.

15 Q. Is it a scientific publication?

16 A. No. But I'd already published in scientific  
17 peer-reviewed journals, so I was now expressing my  
18 opinion to the public, as I would in -- if I were  
19 writing for "The Atlantic" or "The New Yorker."

20 MR. GONZALEZ-PAGAN: Lauren, if we could show  
21 on the screen what's been marked as Exhibit 13 on  
22 the September 8 deposition.

23 Q. And this is your article in "First Things"  
24 titled "Surgical Sex." Is that right, Dr. McHugh?

25 A. That's correct. Yes. Right.

1           Q.    The first four sentences of the second  
2 paragraph read, "Their regular response was to show me  
3 their patients. Men (and until recently they were all  
4 men) with whom" I'd spoken -- "with whom I spoke before  
5 their surgery would tell me that their bodies and  
6 sexual identities were at variance. Those I met after  
7 surgery would tell me that the surgery and hormone  
8 treatments that had made them 'women' had also made  
9 them happy and contented. None of these encounters  
10 were persuasive, however. The postsurgical subjects  
11 struck me as caricatures of women. They wore high  
12 heels, copious makeup, and flamboyant clothing; they  
13 spoke about how they found themselves able to give vent  
14 to their natural inclinations for peace, domesticity,  
15 and gentleness -- but their large hands, prominent  
16 Adam's apples, and thick facial features were  
17 incongruous (and would become more so as they aged)."

18                   Did I read that correctly?

19           A.    Yes, sir. Yes.

20           Q.    Do you believe that transgender women are  
21 caricatures of women?

22           A.    They often are, yes.

23           Q.    You begin your article "Surgical Sex," in the  
24 first paragraph, by making reference to the "Serenity  
25 Prayer." Is that right?

1           A.    Yes, I did.  Yes.

2           Q.    Do you believe that religious views should  
3 determine whether transgender people diagnosed with  
4 gender dysphoria should be able to access  
5 gender-affirming care?

6           A.    Excuse me.  I didn't understand that  
7 question.  Give it to me again.

8           Q.    Sure.  Do you believe that religious views  
9 should determine whether a transgender person diagnosed  
10 with gender dysphoria should be able to access  
11 gender-affirming care?

12          A.    No, I don't believe religious views, at the  
13 moment, should do that.  I think somebody's religious  
14 views may well influence what they're doing, but in  
15 this discussion, I don't think religious views should  
16 be the prominent ones.

17               MR. GONZALEZ-PAGAN:  We can stop sharing the  
18 exhibit on the screen.

19 BY MR. GONZALEZ-PAGAN:

20          Q.    We also previously established that you had  
21 three other publications relating to gender dysphoria,  
22 one being "Psychiatric Misadventures"?

23          A.    Yes.

24          Q.    And that publication was in the early '90s in  
25 "The American Scholar."  Is that right?

1 A. Correct. Yes.

2 Q. And "The American Scholar" is not peer  
3 reviewed?

4 A. No, it's not.

5 Q. And it's not a scientific publication. Is  
6 that right?

7 A. No, it's not. Yes.

8 Q. And the other was a commentary piece that you  
9 published in "Nature Medicine" in 1995.

10 A. Yes.

11 Q. It was not a study, but an essay.

12 A. Yes.

13 Q. Is that correct?

14 A. That's correct.

15 Q. And the last one was a publication just last  
16 month on the publication "Commentary." Is that right?

17 A. That's right. Yes.

18 Q. And "Commentary" is not a peer-reviewed  
19 publication. Is that right?

20 A. No, it's not. That's right.

21 Q. And it's not a scientific publication. Is  
22 that right?

23 A. No. That's correct.

24 Q. So none of your publications relating to this  
25 topic are actually studies. Is that correct?

1           A.    No.  I have not published an actual study.  
2           Right.  I've reviewed studies, but I haven't made a  
3           study of my own, no.

4                   Oh, dear.  It's okay.

5           Q.    All right.  I just -- previewing, I just have  
6           like three or four questions, and then I think it may  
7           be appropriate to take a break, but I just want to  
8           finish my questioning.

9           A.    Sir, you're very welcome.

10                   Just a second.  I've lost your screen for  
11           some reason or another.

12           Q.    Okay.  We can wait.  We can wait for you, of  
13           course.

14           A.    I think I'm coming back.

15                   There you are.  I'm back.

16           Q.    No problem.

17           A.    For some reason or another, my screen  
18           automatically shut off.

19                   Okay, sir.  Here, I am.  Go ahead.

20           Q.    I think we've discussed throughout  
21           September 8 and today how you state your concerns are  
22           scientific in nature about the provision of this care.  
23           Is that right?

24           A.    That's correct.

25                   MR. KNEPPER:  Form.

1           Q.    I am wondering, if your concerns are  
2           scientific and, purportedly, they date back at least  
3           until the mid-'70s -- is that correct?

4           A.    Yes.

5           Q.    Why have you chosen to publish about these  
6           matters primarily in nonscientific journals?

7           A.    Because I thought that I could express my  
8           opinions there to the public at large. I thought the  
9           public at large needed to know that there was great  
10          contention in these matters. And although I did, after  
11          all, publish in "Nature Medicine," I did publish my  
12          opinions also publicly. It seemed that that was my  
13          responsibility as the director of the psychiatry  
14          department at Johns Hopkins, especially after we had  
15          decided that we were not going to support this any  
16          longer.

17          Q.    I am curious. If your concerns are also --  
18          in a similar vein, if your concerns are primarily  
19          scientific, why did you decide to publish primarily  
20          three of the last four publications in the last 20  
21          years in religiously affiliated publications?

22          A.    They were interested in my opinion. They  
23          asked me, most of them. They asked me if I would  
24          express it.

25          Q.    Have you -- have you sought to have your

1 views regarding this matter, in the last few years,  
2 published in a peer-reviewed journal?

3 A. I have. In fact, I asked "The New England  
4 Journal" if they would be interested in having me write  
5 something on a respective. And they decided they  
6 didn't wish to have it published -- they didn't wish  
7 me to -- they didn't want to commission me to do that.  
8 So I tried.

9 MR. GONZALEZ-PAGAN: I think that we're at a  
10 good point to do a break, if that makes -- if  
11 that's okay with people.

12 THE WITNESS: If that is needed. It's not  
13 necessary for me. I would really like to press on  
14 to the end here, if I could, given that the day --  
15 I don't wish to consume the whole day in this.

16 MR. GONZALEZ-PAGAN: No. I appreciate that.  
17 I'll be honest, I only have a few more pages left.  
18 So let's do -- understanding that you'd like to  
19 press on, let's do a five-minute break.

20 THE WITNESS: That would be fine.

21 THE VIDEOGRAPHER: We'll go off the record at  
22 10:48 a.m.

23 (Recess taken.)

24 THE VIDEOGRAPHER: We are back on the record  
25 at 10:59 a.m.

1       general population at large. Is that right?

2             A.     That's correct.

3             Q.     Did you file a brief opposing the ability of  
4       transgender students to use the restroom consistent  
5       with their gender identity?

6             A.     I did.

7             Q.     Was that in the Gavin Grimm case?

8             A.     Yes. Yes, sir.

9             Q.     In that brief, did you argue that  
10       conditioning children into believing that a lifetime of  
11       impersonating someone of the opposite sex achievable  
12       only from chemical and surgical interventions is a form  
13       of child abuse?

14            A.     I did say that. And I believe that.

15            Q.     Is it your view, then, that the provision of  
16       gender-affirming care to transgender adolescents is a  
17       form of child abuse?

18            MR. KNEPPER: Object to the form.

19            A.     I believe that's exactly -- I've said that  
20       several times.

21            Q.     Do you believe that the Center for  
22       Transgender Health at Johns Hopkins is engaging in a  
23       form of child abuse?

24            A.     When I talked with them when they were  
25       beginning, they said they were not going to do this



1 treatment to any child, and therefore, I said, that's  
2 good. If you don't do it to any child, you won't --  
3 you'll avoid child abuse, as Dr. Lee may well testify  
4 to.

5 I've made no secret of the idea that these --  
6 it's impossible to give informed consent, when you're a  
7 child or adolescent, about what is going to be a  
8 long-term effect on your body and, fundamentally, your  
9 life.

10 Q. Are you aware that the Johns Hopkins Center  
11 for Transgender Health provides gender-affirming  
12 hormonal care to adolescents?

13 A. I have learned that since.

14 Q. Do you believe, then, that they're engaging  
15 in a form of child abuse?

16 A. Let me -- this is what -- probably thinks  
17 about being flat-footed. I'm quite flat-footed about  
18 this. I believe that changing the body of  
19 adolescents -- children or adolescents before the age  
20 of 21 is a form of child abuse. I'm quite -- I'm quite  
21 certain about that, about my opinion. Let's put it  
22 that way.

23 This is my opinion, and I've expressed it in  
24 several ways. You don't have to change around to find  
25 that. I'm terribly against it, as a form of misabuse

1 of a child -- misuse of a child and their feelings.

2 Q. And you're aware that no medical or hormonal  
3 or surgical treatment is recommended or provided to  
4 prepubertal youth? Are you aware of that?

5 A. There's no -- no -- nothing --

6 Q. Let me restate that. Are you aware that no  
7 hormonal or medical treatment is recommended for  
8 prepubertal youth?

9 A. I'm aware that some people are doing it with  
10 children in the early phases of puberty. So I suppose  
11 the issue of prepubertal or early pubertal is a useful  
12 guideline, but that they're talking about using these  
13 treatments before people have fully developed, is my  
14 opinion; not only my opinion, it's what they're saying  
15 they're doing.

16 I'm sure the endocrinologists will help you  
17 with that better than me.

18 Q. Do you believe that transgender people  
19 are disordered?

20 A. I believe they suffer from an overvalued  
21 idea, yes. I expressed that in my article in "Nature  
22 Medicine."

23 Q. Let me ask you this. Do you -- do you  
24 believe that your opinion that the provision of  
25 hormonal and surgical care to anyone under 21 for the

1 ethnic origins or, for that matter, your sex.

2 Q. All right. Let's return to Exhibit 2 to the  
3 September 8 deposition, that being your report, if we  
4 can put that up.

5 A. Good.

6 Q. If we go to page 13, if we look in the middle  
7 there's -- one of your opinions states, "A currently  
8 unknown" --

9 MR. GONZALEZ-PAGAN: You can zoom in towards  
10 the middle. Yeah. Yeah, if we can zoom in a  
11 little bit for the doctor, that would be great.

12 THE WITNESS: Yes.

13 MR. GONZALEZ-PAGAN: Okay. If you go down a  
14 little bit, just so it's in the center.

15 BY MR. GONZALEZ-PAGAN:

16 Q. It states, "A currently unknown number (but  
17 likely larger than 50 percent)" --

18 A. Just a second.

19 Yeah, I got it. Okay. Yes.

20 Q. Did you find it, right in the middle?

21 A. I did. I've got it, yeah.

22 Q. Okay. It states, "A currently unknown number  
23 (but likely larger than 50 percent) of patients  
24 reporting gender dysphoria suffer from psychiatric  
25 illness(es) that can complicate and may distort their

1 judgments and perceptions of gender identity."

2 Did I read that correctly?

3 A. You did, sir.

4 Q. What is the literature that you rely on to  
5 back up this statement?

6 A. The literature in autism and other articles  
7 of that sort. As I say, it's currently unknown, just  
8 as the literature describes some of the psychological  
9 problems these patients are suffering from, some  
10 reported by their families.

11 I think Laura Littman's article, for example,  
12 on the rapid onset of gender dysphoria in young girls  
13 makes something of this.

14 Q. This article does not involve any  
15 conversations or study with any of the patients  
16 allegedly having gender dysphoria. Is that right?

17 A. No. It has -- it is involved with a  
18 discussion with the parents of these -- often the  
19 parents of these young children -- young people.

20 Q. I guess I'm wondering, on what literature do  
21 you rely on to say "likely...than 50 percent"?

22 A. I can't give you an article that would show  
23 you that. But the patients that are there, that other  
24 people speak about, wonder, you know. What's really  
25 happening is that, when I say "a currently unknown

1 number," it's very often because people are not  
2 studying the patients thoroughly enough. That's the  
3 reason it's currently unknown. I believe it's larger  
4 than 50 percent.

5 Q. Is there any literature that you can cite to,  
6 to --

7 A. Not at the moment. But I'm certain you could  
8 probably find it, if you look.

9 Q. To what psychiatric illnesses do you refer to  
10 in this statement?

11 A. I'm referring to patients with depression,  
12 with major depression, with autism, with some aspects  
13 of obsessive compulsive disorder, and things of that  
14 sort.

15 Q. Autism is not a psychiatric illness, though.  
16 Right?

17 A. No. It is a psychiatric disorder. Yes, it  
18 is. Autism is. Of course, it is.

19 Q. Is there any literature that you can point  
20 to, to back up your statement that depression distorts  
21 a person's judgment and perception of gender identity?

22 A. Of course, I can. Many -- many people with  
23 depression have disordered attitudes about their world,  
24 including committing suicide.

25 Q. But, like, is there any literature that you

1 can point to, specifically, with regards to how  
2 depression distorts a person's judgment and perception  
3 of their gender identity?

4 A. It distorts judgments and perceptions about  
5 everything in its life. And if he or she is in a  
6 community where gender identity is a problem, it turns  
7 up there.

8 Q. Okay. Is there any literature that you can  
9 point us to that, any examples you can give us?

10 A. I'm certain it could be found, but I haven't  
11 -- I can't point to one right at the moment, no.

12 Q. Okay. Same question with regards to anxiety.  
13 Any literature you can point to?

14 A. No. I cannot. No, I can't point to any  
15 particular literature.

16 Q. Would you agree that there are some patients  
17 with gender dysphoria who do not have other cooccurring  
18 mental health diagnoses?

19 A. I can't -- I can't affirm to that because I  
20 don't believe that many people study their patients  
21 thoroughly enough to make sure there are not other  
22 things in their mind, some aspects of their life story,  
23 some aspects of their sexual abuse as children. Many  
24 have reported, later on, about sexual abuse. These are  
25 the kinds of things which produce psychiatric problems

1 for which gender identity sometimes is a problem.

2 Q. Is it your opinion that every person who is  
3 transgendered, therefore, has another psychiatric  
4 illness?

5 A. No. It is my opinion that everybody who has  
6 a gender dysphoria suffers from an overvalued idea.  
7 That's what they have. And that overvalued idea often  
8 will derive from some psychiatric problem, a  
9 psychiatric problem expressed in diagnostic terms, like  
10 depression, but may well be expressed -- may be the  
11 expression of some abuse or mistreatment that they had  
12 earlier in their life. But all of them suffer from an  
13 overvalued idea in my opinion.

14 Q. And that overvalued idea, does it always come  
15 from a psychiatric illness?

16 A. Well, you have to understand what I mean by  
17 psychiatric illness. I mean a disturbance of  
18 psychiatrics, of a psychological kind. And that may  
19 come out of a life experience, as does grief,  
20 posttraumatic stress disorder, things of that sort. It  
21 may come out of a personality type, like obsessive  
22 compulsive disorder. It may come out of a disorder and  
23 illness like depression, but it may come out as simply  
24 a behavior -- another form of behavior that encourages  
25 gender identity questions.

1           Q.    I guess what I'm asking is, can gender  
2   dysphoria exist independent of whether somebody else  
3   has a psychiatric illness or experience that leads to  
4   this overvalued issue?

5           A.    I don't know the answer to that because I  
6   don't think it's being studied properly to decide  
7   whether gender dysphoria is an independent event or  
8   whether it, in some way, comes out of some  
9   misadventure, psychological misadventure.

10           To some extent, that's why it's so  
11   contentious at the moment, because we're not studying  
12   it thoroughly. We've committed ourselves to a  
13   particular therapy without really studying it  
14   adequately.

15           Q.    If you go to the next bullet point, the next  
16   opinion, it states, "A currently unknown percentage and  
17   number of patients - many of them adolescent females -  
18   reporting gender dysphoria have been heavily influenced  
19   and/or manipulated by a source of social contagion -  
20   peer group, social media, YouTube influencers,  
21   therapists, and/or parents."

22           Can you cite to any scientific study that  
23   show that gender dysphoria is caused by social  
24   contagion?

25           A.    Yes, I can point -- of course, Laura Littman,



1 she was the one who made it -- made this most clearly.

2 But you know, social contagion, it would be  
3 very strange if it didn't have some role here since the  
4 discussions by and studies of Nicholas Christakis and  
5 other people show social contagion to be an important  
6 aspect of all kinds of human behaviors.

7 As I said, since I believe that gender  
8 dysphoria is an expression of a behavior, social  
9 contagion must be a role -- must be playing a role.  
10 And you go, now, onto social media, and you see that  
11 people whose backgrounds and whose attitudes -- and  
12 they have no idea about it -- are speaking in groups to  
13 young people.

14 Q. Well, would it be fair to say, then, that  
15 your statement here is, at best, a hypothesis and not a  
16 statement of fact?

17 MR. KNEPPER: Object to form.

18 A. Excuse me. I didn't hear that, Counselor.  
19 Give it to me --

20 Q. Would it be fair to characterize your opinion  
21 here as a hypothesis and not a statement of fact?

22 A. It is a hypothesis, yes.

23 Q. Okay. And aside from the Littman article,  
24 which we established does not study the actual patients  
25 with gender dysphoria, can you cite to any scientific

1 study that shows that gender dysphoria is caused by  
2 social contagion?

3 A. At the moment, I can't point out to any --  
4 any particular one. But many -- many students of the  
5 social media today are making this point themselves.

6 Q. In your report, you make reference to  
7 national reviews --

8 MR. GONZALEZ-PAGAN: And we can go to  
9 page 10, Lauren, if we could.

10 THE WITNESS: Sure.

11 BY MR. GONZALEZ-PAGAN:

12 Q. And the last paragraph there on page 10.

13 You make reference to "national research  
14 reviews in England, Sweden, and Finland." Do you see  
15 that?

16 A. Yes, I do. Yeah.

17 MR. GONZALEZ-PAGAN: We can -- we can stop  
18 sharing the screen, Lauren.

19 Q. What is the national review from England to  
20 which you refer?

21 A. There was these various studies that -- there  
22 have been a number of studies, both in Britain and in  
23 Sweden and in Finland, that have been reviewed in the  
24 legal documents. And I can't put my finger on it for  
25 you right now. I'm sure we could find it.

1 Q. Do you know whether it was peer reviewed?

2 A. I'm sure it would be.

3 Q. Would it surprise you if I told you that it  
4 wasn't?

5 A. Well, it would not surprise me, but it  
6 would -- it would encourage me to tell you that it  
7 hasn't been refuted either. But peer reviewed --

8 Q. Do you know if it was published in a  
9 scientific journal?

10 A. I don't.

11 MR. KNEPPER: Objection. Form.

12 Q. What is the national review from Sweden to  
13 which you refer?

14 A. I was referring to the Dhejne one that we  
15 mentioned before.

16 Q. Is it the study from 2011?

17 A. Yes.

18 Q. This is not a national review study. This is  
19 an academic scientific study. Is that right?

20 A. It is a scientific study, yes.

21 Q. And we established that it was just simply  
22 comparing the rate of suicidality between postop people  
23 with gender dysphoria and the general population at  
24 large. Is that right?

25 A. Yes, we did.

1           Q.    What is the national review from Finland to  
2           which you refer?

3           A.    I can't put my finger on it for you right  
4           now, but Finland is, as I understand it, because of  
5           these things, looking much more carefully at the  
6           treatments. I can't point these things out to you  
7           right at the moment. Not at my fingertips.

8           Q.    Yeah. I mean, I guess my question, in part,  
9           has to do with, I may have an idea, maybe, of what  
10          you're talking about.

11          A.    Good.

12          Q.    But I don't know to what you're referring to  
13          in your report, and there's no bibliography. So I'm  
14          asking those questions now --

15          A.    That's fair enough.

16          Q.    -- because I don't know to what studies you  
17          are referring to.

18          A.    That's fair enough. I think we can find them  
19          if we need to.

20          Q.    Do you know whether the review -- the  
21          national research review from Finland to which you  
22          refer was published in a scientific journal?

23          A.    No. I'm not sure.

24          Q.    Do you know whether it was peer reviewed?

25          A.    I'm not sure. It probably was.

1           Q.    Would you be surprised if I told you that it  
2    wasn't?

3           A.    Nothing would surprise me right now because  
4    this is a contentious issue and a contentious matter,  
5    and so the fact that you say, well, the peers not  
6    reviewing it, yeah, that will happen.

7                   Most of the evidence now is moving in the  
8    direction that I'm saying.

9           Q.    Are you aware that the review in Finland  
10   pertained solely to the care for minors or adolescents?

11          A.    Yes, I am. I was aware of that.

12          Q.    Are you aware that the report --

13                   Yeah. Go ahead.

14          A.    That's the issue, isn't it, the minors?  
15   Yeah.

16          Q.    Well, you say, "That's the issue." And so I  
17   guess I want to ask, this care pertains to a  
18   categorical exclusion that prohibits medical care not  
19   just for adolescents but also for adults.

20          A.    I understand that. I was just saying, this  
21   is the issue in Finland, isn't it? That's what I  
22   meant.

23          Q.    Are you aware that the report from Finland  
24   recommends that hormonal intervention may be considered  
25   before reaching adulthood in those with firmly

1 established transgender identity?

2 A. I was aware of that, yes.

3 Q. Do you disclose in your report that Finland  
4 does provide coverage for hormonal and medical  
5 treatment for gender dysphoria in adolescents and  
6 adults?

7 MR. KNEPPER: Objection. Form.

8 A. I don't -- I don't understand the question  
9 quite there.

10 Q. Sure. You speak of this review -- national  
11 research reviews as casting doubt on the propriety of  
12 this treatment.

13 Is that a fair characterization?

14 A. That's fair, casting doubt, yes.

15 Q. And I guess an important limitation to that  
16 is that, in these countries, which have nationalized  
17 healthcare systems --

18 A. Yeah.

19 Q. -- they provide and cover this care.

20 A. Yes. Yes. But they're doubting it, and the  
21 chances -- what I'm saying, I suppose, here -- what I  
22 mean to imply is that the movement is towards more and  
23 more doubt of this, what was once a confident opinion  
24 of treatment and --

25 Q. Do you think it is any -- do you think it is

1 a limitation of your opinion and a valid -- it would  
2 have been helpful to the Court for you to disclose  
3 that, notwithstanding this doubt, the healthcare system  
4 in these countries still provide for and cover for this  
5 care?

6 MR. KNEPPER: Objection.

7 A. No, I don't think so. I was making a point.

8 Q. Last time, on September 8, when we were  
9 talking, you stated that, quote, "I think people do  
10 better and live better and flourish better and need  
11 less help from...doctors if their natal sex and their  
12 attitude towards...their own sex is the same."

13 A. Yes.

14 Q. Okay. So that sounds like -- do you stand by  
15 that statement today?

16 A. I do.

17 Q. On what peer-reviewed or scientific  
18 literature do you rely on for that opinion?

19 A. This -- this is -- I'm relying on, primarily,  
20 common sense, having -- seeing nothing on the opposite  
21 that would prove me wrong.

22 Q. But as we stand here today, is there any  
23 scientific literature or article or study that you can  
24 point to, that supports that opinion?

25 A. What I'm saying is that, this is my opinion.

1 If you wish to change my opinion, you need a scientific  
2 article that proves my opinion to be wrong.

3 I know no article that proves my opinion to  
4 be wrong. I'm not saying that my opinion will be  
5 supported, but I'm saying that, when you make such a  
6 contention that somebody's sex would do -- somebody  
7 would do better by trying to change what is impossible  
8 to change and to live in that way, that that will be  
9 the long-term benefit of the patient, I think the  
10 problem of the proof is with you, not with me.

11 Q. You are aware, however, that there are  
12 cohorts and cross-sectional studies that do demonstrate  
13 benefit to the transgender patients' --

14 A. I'm aware of them. I also --

15 Q. -- medical treatment?

16 A. I beg your pardon. I didn't mean to  
17 interrupt you.

18 Q. No.

19 -- that complete medical treatment.

20 A. Yeah, I'm aware of them. I'm also aware of  
21 their limitations, that they're not long enough and  
22 that many professional organizations agree, even when  
23 they -- when they support it, that the evidence is yet  
24 not strong.

25 MR. GONZALEZ-PAGAN: All right. I know we've